



**Housing Trust Fund/Charlotte Housing Opportunity Investment Fund/City-Owned Land
Affordable Housing Funding Application**

Assistance Sources: ☐ City Housing Trust Fund (HTF)
☐ LISC Charlotte Housing Opportunity Investment Fund (CHOIF)

I. APPLICANT INFORMATION

Full Legal Name of Applicant: _____

Applying as: Non-Profit or Government Agency ☐

(Check one) For-Profit Organization ☐

Address: _____

City/State/Zip: _____

Contact Person: _____

Title: _____ Telephone Number: _____

Fax Number: _____ E-mail: _____

Name of Development: _____

Development Type: _____

Number of Units: _____

Funding Request:

City (HTF) \$ _____

LISC (CHOIF): \$ _____

***To the best of my knowledge and belief all information in this application is true and current
and submission of the application has been approved by the appropriate applicant authorities***

Signature _____

President/Board Chair

Date

II. DEVELOPMENT DESCRIPTION

Development Name: _____

Development Street Address: _____

Neighborhood: _____ Census Tract: _____

III. TYPE OF ACTIVITY (check applicable activity)

_____ Multi-Family Rental – New Construction

_____ Multi-Family Rental - Acquisition/Rehabilitation

_____ Supportive Housing

IV. INCOME LEVELS AND SPECIAL NEEDS

Please complete the following tables to the best of your ability. Show actual or estimated number of units for the development occupants/beneficiaries, **not percentages**.

| Income Group | Number of Units |
|---|-----------------|
| 30% or less of area median income (AMI) | |
| 31-50% of AMI | |
| 51-60% of AMI | |
| 61-80% of AMI | |
| 81%-120% of AMI | |
| >120% of AMI | |
| TOTAL | |

Supportive Housing Eligible Population (if applicable)

| Category | Number of Units |
|------------------------|-----------------|
| Elderly (over 60) | |
| Disabled (not elderly) | |
| Homeless | |
| People with HIV/AIDS | |
| Veterans | |
| Other – Identify | |
| TOTAL | |

V. TYPE OF ASSISTANCE REQUESTED:

Type of assistance:

☐

Land

☐

Loan/Equity

VI. APPLICANT DESCRIPTION

Please provide the following information for the organization that will develop the project.

A. COMPANY/ORGANIZATION (Attach additional pages as needed)

1. What is your Company/organization's mission statement? _____

2. Incorporation date (Month and Year)? _____
3. Estimated Budget for Current Fiscal Year: \$ _____
4. Number of staff employed (full time equivalents): _____
5. Years of affordable housing development experience and types of affordable housing transactions completed: _____

B. DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are there any officers or employees of the agency/company or members of their immediate families, or their business associates, who will be involved with conducting this project?

- a) Employees of, or closely related to employees of, the City or LISC? YES ___ NO ___
- b) Members of, or closely related to Members of, the Charlotte City Council? YES ___ NO ___
- c) Beneficiaries of the program for which funds are requested, either as clients or as paid providers of goods or services? YES ___ NO ___

If you have answered **YES** to any question, **please attach a full explanation to the application**. The existence of a potential conflict of interest does not make the project ineligible for funding, but the existence of an **undisclosed** conflict may result in the termination of any assistance awarded. The disclosure statement must be signed and dated.